

<b>REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT</b>				<b>DATE OF REQUEST</b>	
<b>TO:</b>					
<b>THROUGH:</b>					
<b>1. PERSON TO CONTACT REGARDING REPORT</b>		<b>NAME</b>	<b>ROOM NO.</b>	<b>BUILDING</b>	<b>PHONE</b>
<b>2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED</b>					
<b>3. TYPE OF REPORTING REQUIREMENT</b>		<b>4. IF REVISED, STATE NATURE OF REVISION</b>			
NEW					
REVISED					
<b>5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT</b>				<b>6. PROPOSED DURATION OF REPORT</b>	
				INDEFINITE	
				TEMPORARY ( <i>Indicate period</i> )	
<b>7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT</b>					
<b>8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT</b>					
<b>9. REPORT FORMAT (<i>Form no., memo, machine tabulation, etc.</i>)</b>		<b>10. REPORTING FREQUENCY (<i>Daily, weekly, monthly, as situations occur, etc.</i>)</b>		<b>11. DATE REPORT IS DUE IN YOUR OFFICE</b>	
<b>12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT</b>					
<b>13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT</b>			<b>14. DISTRIBUTION OF REPORT</b>		
			ORIGINAL		
			COPIES		
			MORI/CDE		

15. DETAILED NEED FOR AND USE OF THIS REPORT (Include a statement of how your program or operations would be affected if the information you desire was not furnished.)

☐ CONTINUED ON SEPARATE SHEET

### REVIEW BY CHIEFS OF COMPONENTS

#### RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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#### RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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RETURNED APPROVED	REPORTS CONTROL SYMBOL ASSIGNED	DATE
RETURNED DISAPPROVED	TITLE	SIGNATURE
COMMENTS ARE ATTACHED		